SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Date: Amount Paid:

8 2 28

Zoning Dept.

Permit #: Refund: 380 17-037/ 9-13-17 2-24-1 U-18:8

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Secretaria Spec			_	Municipal Use Acce		4	□ Bunl	☐ Commercial Use				X Residential Use	_	Resi	_	Proposed Use		Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on		350,000 Conversion	☐ Addition/Alteration		Value at Time of Completion * include donated time & material	☐ Non-Shoreland		X Shoreland		Section VO , Township JD	ר ל י	N/2 NE1/4, SE 1/4	LOCATION Legal Description: (Use Tax Statement)	<b>1</b>	Leo Ketchum Fish	Authorized Agent: (Person Signing Application on behalf	Contractor: Lake Effect Builders No	75415 Paulson RD	(	Amy Col	TYPE OF PERMIT REQUESTED→ ■ X Owner's Name:
	Special Use: (explain)	Accessory bunning Aunition/Arteration (Specify	essory building Addition/	Accessory Building (specify	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)				lied for is relevant to it)	<u>dal6</u> &		×	oldg) 🗆 Basement	_	tion   1-Story + Loft	on 🗆 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue		S Is <u>Property</u> /Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodblain?	N, Range V3 W	; ک	Gov't Lot Lot(s)	<u> </u>		≫ 10	of Owner(s))	( <i>LE</i> B) c	S		ish 75	K LAND USE □ SANITARY     Mailing
***************************************	Name of the last o	/Airei ation (specify) _	/Alteration (specific)		·)		윽	arage					The state of the s	g shack, etc.)	Icture on property)	Proposed Structure	D/4 18	-							nd	☐ Seasonal	Üse	THE PARTY OF THE P	<b>V</b> .	1		WASHBURN	Town of:	CSM Vol & Page Vloco 26-3-8-84	ي	Tax ID# (4-5 digits)	715-209-0300 P	-	Contractor Phone: Plu 715-209-0300 3	washburn, wi	City/State/Zip:	75050 PAJALA	☐ PRIVY Address:
						G	cooking & fo					Withhistore		ALL THE PERSON AND ADDRESS OF THE PERSON AND			H, P.	۵۷' ا	S E			□ None		<b>X</b> 3	□ 2 I	1	# bedrooms	Nagara da sa	Distance Structi		Distance Structu	RN		Lot(s) No.			PO Box S	ent Mailing Addr	Bachand.	18845	⊢	RD	☐ CONDITIONAL USE   City/State/i
	A CONTRACTOR OF THE CONTRACTOR		***************************************				cooking & food prep facilities)				Anna Carlos Carl	With the second distriction of the second di		***************************************			2	Width: 42	Silver in the second se	□ None		1	Privy (Pit) or	Sanitary (Exists) Specify Type:	💢 (New) Sanitary	☐ Municipal/City	Sewe Is o		Distance Structure is from Shoreline :fee		Distance Structure is from Shoreline:			Block(s) No.	1		SS washb	ess (include City/St	Bachand Dennis		•	wash bush wit	ONAL USE SPECIAL USE City/State/Zip:
,	(	-	7	1	1				<u> </u>	_				7 7 7	ر عج	Dir	, 01×				let	service cont	□ Vau	sts) Specifi		ity	What Type of Sewer/Sanitary System Is on the property?		eline : feet	Ι,	<del>-</del>	1320'x	Lot Size	Subdivision:	pocument #:	Recorded De	í Ž T	tate/Zip):				847	
<	×	>	<  >	× ;	×	×	×	×	×	×	×	×		×  ;		Dimensions	Bump	Height:	100 per 1		Visit in the control of the control	ract)	l <b>ted</b> (min 200 gallon)	у Туре:	Specify Type: Mound		e of / System perty?		□ Yes ≸kNo	Floodplain Zone?	ls Property in	660'			1000	ed (i.e. # assi	. 54891 AI	٤	<b>~</b> □			- - -	B.O.A.
-			- -	- -	1		-	-	_	_		<u> </u>			-   -  -	T S	1	a S	T TO THE TAXABLE PROPERTY.				)0 gallon)		Solice							20	Acreage		Pocument #: 1000 \$-638	igned by Regis	Attached ⊠Yes □ No	Written Authorization	Plumber Phone: 715-373-2070		Cell Phone:	715-209-8639	. DOTHER
														6	1268	Square Footage		•	***************************************						XWeⅡ	□ City	Water		□ Yes	Present?	Are Wetlands				8	ster of Deed	o	orization	1-2070			-8639	ER

Autho Owner(s): (If the

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfied County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date	(3).
` ` `	ere are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 8/16/17	rized Agent: LC KV
1 1	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Attach	ss to send permit POBOX SS Washburn, WI S4891
If you recently purchased the property send your Recorded Deed	If you recently purchase

Feet

Feet

Feet

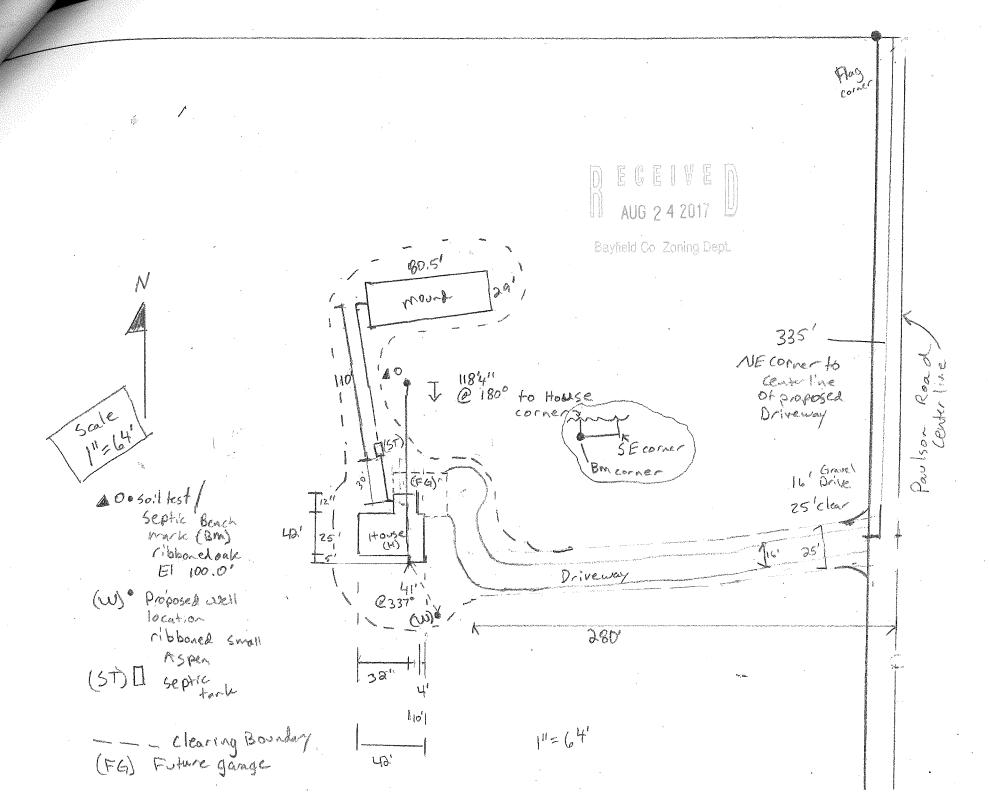
Feet

below: Draw or Sketch your Property (regardless of what you are applying for)

Hold For Fees:

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## City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 17-101S
SIGN SPECIAL - Class A
CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17	-03	71		Issue	d To: Ma	atthe	w & Amy Co	olish /	Leo	Ketchur	n Fi	sh, A	gent					
N ½ Locatio	n: <b>NE</b>		½ c	f SE	E 1/4	Section	5	Township	48	N.	Range	5	W.	Town of	Washburn				
Gov't Lo	t			Lot		Blo	ock	Su	Subdivision					CSM#					
Condit	ion(s):	UD	C p	ermit	and ii	nspectio	ns ar	e required.											
	: This permit expires one year from date of issuance if the authorized construction									Jennifer Murphy									
NOTE:	This per work or		•	•			Authorized Issuing Official												
	Change This per																		
	This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.												<b>September 13, 2017</b>						
	This permit may be void or revoked if any performance conditions are not											Date							
	complet	ed or	if any	prohib	itory cor	iditions are v	iolated												